EXHIBIT 13-A SHORT FORM RIGHT OF WAY CERTIFICATION FOR LOCAL ASSISTANCE PROJECT

(OFF-STATE HIGHWAY SYSTEM PROJECT USING FEDERAL FUNDS)

		NAME OF THE LOCAL F	PUBLIC AGENCY				
Pl	ease	Note:	PROJECT:				
ac	quisi	rm is intended for projects that do NOT require R/W tion, relocation assistance, have NO railroad ement, and the ONLY utility relocation	Federal Program (if available)				
		ement is limited to utility cover adjustments.	Project Location				
		ch item below, Select the ONE option most suitable project. If the chosen option directs you to use Form					
13-B, please stop. This Short Form is not applicable to your project. Instead, the Right of Way Certification Form (Exhibit 13-B, LAPM) should be utilized.							
R	IGH'	Γ OF WAY CERTIFICATION No. 1					
1.	S	STATUS OF REQUIRED PROPERTY RIGHTS:					
		No acquisition of right of way is required. All proposed	work is within existing right of way.				
		Right of way has been acquired in accordance with applicable policy and procedure covering the acquisition of real property. LPA has legal and physical possession, right to enter, and required permits. If this box is checked, please use form 13-B					
2.	S	STATUS OF AFFECTED OPERATING RAILROA	AD FACILITIES:				
		None affected.					
		The Railroad has approved the proposed work, which is within their right of way but does not require the adjustment of railroad facilities. The necessary clauses will be placed in the contract special provisions. If this box is checked, please use form 13-B					
		The Railroad (and when needed, the Public Utilities Commission) has approved the proposed work, which is within the railroad right of way and does require the adjustment of railroad facilities. The railroad, or its contract forces, will provide the necessary labor, materials and/or equipment to adjust their facilities. The necessary clauses will be placed in the contract special provisions. If this box is checked, please use form 13-B					
3.	N	MATERIAL SITE(S):					
		None required.					
		Material site(s) required. If this box is checked, please	use form 13-B				

•	DISPOSAL SITE(S):						
	None required.						
	Disposal site(s) required. If this box is checked, please use form 13-B						
	STATUS OF REQUIRED UTILITY RELOCATIONS (Check all that apply)						
	No relocation required. Existing utilities located within project limits are shown on Project Plan						
	Utility involvement is limited to adjusting UTILITY COVERS (manhole cover, water valve cover, and box lids) to grade. If this box is checked, please complete page 4 of this form entitled "Utility Cover Adjustment Summary".						
	All utility work (other than the adjustment of utility covers) has been completed. If this box is checked, please use form 13-B						
	All utility work (other than the adjustment of utility covers) will be completed by a stated date prior to award of the contract. If this box is checked, please use form 13-B						
All necessary arrangements have been made for the completion of all remaining utility wo the adjustment of utility covers) required to be coordinated with project construction. An have been made with the owners of all utility encroachments which will remain within the of the project so that adequate control of the right of way will be achieved. If this box please use form 13-B							
	Utility facilities (other than the adjustment of utility covers) will be relocated by Project's Contractor under bid items. If this box is checked, please use form 13-B						
RIGHT OF WAY CLEARANCE							
	There are no improvements or obstructions located within the limits of this project						
	All right of way clearance work has been completed and there are no improvements or obstructions remaining within the right of way area required for construction. If this box is checked, please use form 13-B						
	All necessary arrangements have been made for remaining right of way clearance work to be undertaken and completed as required for proper coordination with the construction schedule. If this box is checked, please use form 13-B						
	AIRSPACE AGREEMENTS						
	There are no airspace lease properties within the limits of this project.						
	All necessary arrangements have been made with airspace lessee(s) and/or in Contract Provisions to minimize conflicts between lessee's activities and contractor's operations. If this box is checked, please use form 13-B						
	Airspace lease has been cancelled. If this box is checked, please use form 13-B						
	Other: (If this box is checked, please use form 13-B)						
	COMPLIANCE WITH RELOCATION ASSISTANCE PROGRAM REQUIREMENTS						
	Compliance was not required as there were no displacements for this project.						
	Occupants who have not yet moved from the right of way will be protected against unnecessary inconvenience and disproportionate injury or any action coercive in nature. If this box is checked, please use form 13-B						
	LPA has complied with all the steps relative to relocation advisory assistance and payments as required by applicable policy and procedure, and no person has been required to relocate without at least 90 days' written notice. If residential relocation was involved, all individuals and/or families have been relocated to decent, safe and sanitary housing, or the LPA has made replacement housing available to the displacees. If this box is checked, please use form 13-B						

9.	COOPERATIVE AGREEMENTS					
	None Required.					
	Agency Agreement No. (If checked, please attach a	copy)				
10.	ENVIRONMENTAL MITIGATION					
	No environmental mitigation parcels are required for	or this project				
	All environmental mitigation parcels on this project have been acquired If this box is checked please use form 13-B					
	Acquisition of environmental mitigation parcels is ongoing. If this box is checked, please use form 13-B					
11.	11. CERTIFICATION					
	I hereby certify the Right of Way on this project may be advertised with contract award being ma	as conforming to 23 CFR 635.309(C)(1) . The project de at any time.				
12. INDEMNIFICATION BY LOCAL AGENCY						
This Local Public Agency agrees to indemnify, defend, and hold harmless the Department of Tr (Caltrans) from any and all liabilities which may result in the event the right of way for this proclear as certified. LPA shall pay from its own non-matching funds, any costs which arise out of the construction of the project because utility facilities have not been removed or relocated, or brights of way have not been made available to LPA for the orderly performance of the project we						
	OCAL PUBLIC AGENCY	CALTRANS ACCEPTANCE The undersigned Caltrans Official has				
By: Titl		reviewed this Right of Way Certification as to form and content. Based on the review of the documents submitted, the Certificate is accepted on behalf of the local public agency. It remains the sole responsibility of the local public agency to ensure compliance with the Federal Uniform Act. Accepted as to form and content: By:				
Dat	e:					
Au	thorized by Resolution No.					
Dat	ted:					

Distribution: 1) Local agency completes this form, signs and sends it to the DLAE.

2) DLAE sends a copy to District Right of Way Local Program Coordinator, keeps a copy for his/her files, and sends the signed original back to the local agency.

Title:

UTILITIY COVER ADJUSTMENT SUMMARY

Items to be disclosed on this summary include: Covers of utility facilities, either publicly owned (by City/County and other public agencies, including this project sponsoring agency) or privately owned that services the general population. Utility covers of facility that directly services the street/roadway operation (such as electric pull box which services streetlight, traffic signals) do not require disclosure on this form.

a) PHYSICAL COVER ADJUSTMENTS PERFORMED BY OWNER

(MS Word format: Tab from the last cell to add additional row)

Notice #	Notice Date	Owner	Liability % Owner / LPA	Type of Facility	Encroachment Permit #	Federal Participation Yes (Y)* No (N)

b) UTILITY COVER ADJUSTMENTS WILL BE PERFORMED BY PROJECT CONTRACTOR

(MS Word format: Tab from the last cell to add additional row)

Bid Item #	Notice #	Notice Date	Owner	Liability % Owner / LPA	Type of Facility	Federal Participation Yes (Y) No (N)

c) FEDERAL PARTICIPATION

Yes	□ No	The adjustments comply with the 23 CFR 645.119 and the RW Utility Relocation process in Chapter 14 of the Local Assistance Procedures Manual (LAPM)
Yes	□ No	These adjustments are required as the direct results of the proposed construction activities and the local agency is legally liable to pay for the adjustment
Yes	☐ No	Project has received Federal Authorization to Proceed (E-76) for RW Utility Relocation
Yes	□ No	Adjustments specified for Federal participation have received FHWA Specific Authorization (Exhibit 14-C, LAPM) approval?

Note: Any adjustments not meeting the above requirements do not qualify for Federal participation.